1403-127-4947

FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2014 JUL 23 AM 9: 00

Office TUSE CONMAND CENTER

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	2
CAPITALIST	PAG	·	<u></u>	<u> </u>
ADDRESS (number and street)	Pa Box 148	44		
Check if different than previously reported. (ACC)	Salt lake	<u> City</u>	WT 841	<u> </u>
2. FEC IDENTIFICATION N	UMBER V CIT	Y. A	STATE.▲	ZIP CODE A
COO, 5.4.7.1	3. IS	THIS NEW (N) O	R AMENDED	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Choose One) April 15 Quarterly Report (Choose One) October 15 Quarterly Report (Choose One) January 31 Year-End Report (Non-electic Year Only) (MY) Termination Report (TER)	Report Due On: Mar (c) 12-Day PRE-Election Report for the: (d) 30-Day POST-Election Report for the:	General (30G)	M6) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) in the State of Special (30S)
5. Covering Period	9 60 70	1 through	6 3.0 2.0	14
I certify that I have examined the Type or Print Name of Treasure	() I / (my knowledge and belief it is	s true, correct and comple	ete.
Signature of Treasurer	Held of		Date Ö.7	2014
NOTE: Submission of false, erron	neous, or incomplete information	may subject the person signin	ng this Report to the penalt	ies of 2 U.S.C. §437g.
Office Use Only				C:FORM 3X Rev. 12/2004

,	OF RECEIPTS AND DISBURSEMENTS	
FEC Form 3X (Rev. 02/2003)	C. ILCCII IO AND DIGBURGENIENTO	Page 2
Write or Type Committee Name		
Report Covering the Period: From:	04 61 ZOL4	· 66 BO 2014
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	•	6
(b) Cash on Hand at Beginning of Reporting Period		
(c) Total Receipts (from Line 19)		0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		6
7. Total Disbursements (from Line 31)	O	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
This committee has qualified as a mul	lticandidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530	

Local 202-694-1100

1403-127-4949

FEC Form 3X (Rev. 06/2004)

DETAILED SUMMARY PAGE of Receipts

Page 3

Write or Type Committee Name

R	eport Covering the Period: From:	4 6 1 2 0 1 4 TO	. 66 Bo Zo14
-	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other		
	Than Political Committees		hand the family of the family
	(i) Itemized (use Schedule A)		
	(ii) Unitemized		
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)▶		U_{1}
	(b) Political Party Committees	O	
	(c) Other Political Committees		
	(such as PACs)		
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry		<u> </u>
	Totals to Line 33, page 5)▶		
12.	Transfers From Affiliated/Other		
	Party Committees		
13.	All Loans Received		Lagrana Maria Mari
14.	Loan Repayments Received	O	
15.	Offsets To Operating Expenditures	the second second of the second transfer of the second transfer of the second transfer of the second	Manuscritica and American State of the second
	(Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)		
16.	Refunds of Contributions Made		
	to Federal Candidates and Other		
	Political Committees	0	
17.	Other Federal Receipts		
	(Dividends, Interest, etc.)		
18.	Transfers from Non-Federal and Levin Fund		
	(a) Non-Federal Account		
	(from Schedule H3)		
	•		
	(b) Levin Funds (from Schedule H5)		
	•		
	(c) Total Transfers (add 18(a) and 18(b))	\bigcirc	
•	• .		
		•	• •
19.	Total Receipts (add Lines 11(d),	familian frankrika ika ika ika ika ika ika ika ika ika	the state of the s
	12, 13, 14, 15, 16, 17, and 18(c))	0	
		property and the second of the second second of the second	manufacture ibaselichen ibasel
20.	Total Federal Receipts	A. S.	
	(subtract Line 18(c) from Line 19)		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share		
	(ii) Non-Federal Share	O	
	(b) Other Federal Operating		
	Expenditures		
	(c) Total Operating Expenditures		
22	(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party		
££.	Committees	O	O
23.	Contributions to Federal Candidates/Committees and Other Political Committees	0	0
24.	Independent Expenditures		
25	(use Schedule E) Coordinated Party Expenditures		. L. anica O
	(2. U.S.C. §441a(d)) (use Schedule F)		
	(use Schedule F)		
26.	Loan Repayments Made	O	U
	Loans MadeRefunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees		
	(b) Political Party Committees	$\bigcup_{i=1}^{n} \bigcup_{j=1}^{n} \bigcup_{i=1}^{n} \bigcup_{j=1}^{n} \bigcup_{j=1}^{n} \bigcup_{i=1}^{n} \bigcup_{j=1}^{n} \bigcup_{j=1}^{n} \bigcup_{i=1}^{n} \bigcup_{j=1}^{n} \bigcup_{j=1}^{n} \bigcup_{j=1}^{n} \bigcup_{j=1}^{n} \bigcup_{i=1}^{n} \bigcup_{j=1}^{n} \bigcup_{j$	
	(c) Other Political Committees		
•	(such as PACs)		
	(d) Total Contribution Refunds		
	(add_Lines 28(a), (b), and (c))		
29.	Other Disbursements		
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity (from Schedule H6)	BUORNING TO THE SECOND CONTROL OF THE SECOND	
	(i) Federal Share	O	O
	,		
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds		
	Lines 30(a)(i), 30(a)(ii) and 30(b))≯		
		Transcription of the second se	the same the same same same same same same same sam
31.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	Secretary and Transferouthment Secretary and Secretary	
	23, 24, 23, 20, 27, 26(d), 29 and 30(c))		
32.	Total Federal Disbursements	•	
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)		$ \underbrace{L_{n}}_{L_{n}} \underbrace{C}_{L_{n}} $

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans)		
(from Line 11(d), page 3)		L_2_6_6_6_6_4
4. Total Contribution Refunds		
(from Line 28(d))		
5. Net Contributions (other than loans)		
(subtract Line 34 from Line 33)		
6. Total Federal Operating Expenditures		
(add Line 21(a)(i) and Line 21(b))	\mathcal{O}	
	Land median Dear day of the San San San San San	bendered and all the Contract
7. Offsets to Operating Expenditures		
(from Line 15, page 3)	Description of the section of the se	Complete the section of the section
8. Net Operating Expenditures		
(subtract Line 37 from Line 36)	\mathcal{O}	
(Subtract Line or non Line oo)		

SI	CHEDULE A (FEC Form 3X)		<u> </u>	E	ו פר	NE NI	IMPE). Tpac)F
			Use separate schedule(s)		FOR LINE NUMBER: PAGE OF (check only one)					<i></i>
IT	EMIZED RECEIPTS	A + -0	for each category of the	lΓ	711		7116	11c	[] ₁₂	
			Detailed Summary Page		13	-	14	15	16	□ 17
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	Statements many and a	ay not be sold or used by any peaddress of any political committee	erson	for t	he pu contri	rpose o	f solicitin	g contribu	utions ttee.
K	NAME OF COMMITTEE (In Full)									
	Capitalist	PA	C							
A.	Full Name (Last, First, Middle Initial)				Date	of R	eceipt			
	Mailing Address			_	l M					
	City	State	Zip Code	7	Δm	Same B	. Each	Peceint t	his Period	
				7					ins reno	
	FEC ID number of contributing federal political committee.	C.				<u> </u>	-112		<u> </u>	• 8
	Name of Employer	Occupation								
	Receipt For:	Aggregate	Year-to-Date ▼	7						-
	Primary General									
	Other (specify) ▼									
	Full Name (Last, First, Middle Initial)									-
В.					Date	e of R	eceipt			
	Mailing Address								Amerikan Barka	*
	City	State	Zip Code	_	CASCA-					
		San San		ᅥ	Amo			•	this Perio	
	FEC ID number of contributing federal political committee.	G.				l—d.	_()}(1 1	2
	Name of Employer	Occupation		7						
	Receipt For:	<u> </u>	Versite Detect	\dashv					•	
	Primary General	00 0	Year-to-Date ▼	e						
	Other (specify) ▼		ALGALAG							
	Full Name (Last, First, Middle Initial)		· · · · · · · · · · · · · · · · · · ·	\uparrow		:			-	<u></u>
C.	NA-Transaction of the Control of the			_			leceipt			
	Mailing Address				1	13" ET	, 64	74	Y 350- Y	V-7
	City	State	Zip Code	+	Ame	ount o	f Fach	Beceint 1	this Perio	
	FEC ID number of contributing			7						
	federal political committee.					n	-/32		A	
	Name of Employer	Occupation	1							
	Receipt For:	Aggregate	Year-to-Date ▼	7						
	Primary General	production of the								
		1								
۲,	SURTOTAL of Receipts This Page (optional)						- Constitution		an Case Anna	\bigcirc

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC FORM 3A)		FOR LINE N	UMBER:	PAGE OF
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only o	nne) 22 23	25 26
l	Detailed Summary Page	27	28a 28b	28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	~			
(apitalist	'Pac			
Full Name (Last, Flyst, Middle Initial)			Data of Diah	
A .			Date of Disburseme	nt
Mailing Address				
City	tate Zip Code			
Purpose of Disbursement			Amount of Each Dis	bursement this Period
Candidate Name		Category/		
Office Sought: House Disbursem	ent For:	Type		
	Primary General			
State: District:	Other (specify) :▼			
Full Name (Last, First, Middle Initial)				
B			Date of Disburseme	
Mailing Address				
City	state Zip Code			
Purpose of Disbursement		V 0 1		
Candidate Name	[[Amount of Each Dis	bursement this Period
Candidate Name		Category/ Type		
Office Sought: House Disbursem				
	Primary General Other (specify)			
State: District:	******			
Full Name (Last, First, Middle Initial)			Date of Disburseme	nt -
	- ·		TATE OF DISDUISERIE	1/10000000
Mailing Address				
	itate .Zip Code			
Purpose of Disbursement			Amount of Each Dis	bursement this Period
Candidate Name	<u> </u>	Category/ Type	out. of Lacif Dis	2 Control and 1 should
Office Sought: House Disbursem		1780	<u> </u>	
	Primary General Other (specify) ▼			
State: District:	Carol (apoons)			
SUBTOTAL of Disbursements This Page (optional)				
TOTAL This Period (last page this line number only).				

SCHEDULE C (FEC Form 3X)			_		
LOANS	the state of the s	Use separate schedule(s) for each category of the	PAGE OF		
		Detailed Summary Page	FOR LINE 13 OF FORM 3X		
NAME OF COMMITTEE (In Full)	PAC				
LOAN SOURCE Full Name (Last, First, M	iddle Initial)		election:		
			Primary General		
Mailing Address			Other (specify)		
City	State ZIP Co	ode			
Original Amount of Loan	Cumulative Payment To		e Outstanding at Close of This Period		
TERMS					
Date Incurred	Date Due		Secured: % (apr) Yes No		
List All Endorsers or Guarantors (if any)	to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
	- 5/15 A	Amount			
City State	.ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation	······································		
		A	·		
City State	ZIP Code	Amount Guaranteed			
	_	Outstanding: 1 3 0			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:			
		· ·			
SUBTOTALS This Period This Page (optional)) <u></u>				
TOTALS This Period (last page in this line on	ly)	· · · · · · · · · · · · · · · · · · ·			
Carry outstanding balance only to LINE 3, Sc	hedule D, for this line. If	no Schedule D, carry forwai	rd to appropriate line of Summary.		

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page _____ of Schedule C

Federal Election Commission, Washington, D.C. 20463		. [ge or scriedule o		
NAME OF COMMITTEE (In Full)		FEC IDEN	ITIFICATION NUMBER		
Capitalist PAC		clo	547182		
LENDING INSTITUTION (LENDER)	Amount of Loan	lr	iterest Rate (APR)		
Full Name					
	Record description of		%		
Mailing Address		WENT / CO	76] / [7 7 7 7 7 7 7 7]		
	Date Incurred or Established				
City State Zip Code	Date Due				
A. Has loan been restructured? No Yes	If yes, date originally incurred				
B. If line of credit,	Total				
Amount of this Draw:	Outstanding Balance:				
C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors mu	ed? ust be reported on Schedule C.)				
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable; cash on deposit, or other	deposit, chattel papers,		of this collateral?		
No Yes If yes, specify:		on the stand the stand	4-71-1-1-1-1		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Does the lender h	nave a perfected security		
		nterest in it?	No Yes		
E. Are any future contributions or future receipts of interes	يسمه أحدد	Mhat-is-the estim	ated value?		
collateral for the loan? No Yes If yes, s	specify:				
	S. 200		A372		
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:				
Date account established:	Address:				
	City, State, Zip:		·		
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan					
G. COMMITTEE TREASURER		DATE			
Typed Name					
Signature			/ / / / / / / / / / / / / / / / / / / /		
H. Attach a signed copy of the loan agreement					
TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the teare accurate as stated above.	erms of the loan and other informa	ation regarding the	e extension of the loan		
II. The Joan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.					
Iff: This institution is aware of the requirement that complied with the requirements set forth at 11 C	a loan must be made on a basis	which assures re	payment, and has		
AUTHORIZED REPRESENTATIVE	TOU.UE AND TOU. 142 III MAKIN	DATE			
Typed Name		DATE TO THE			
Signature	tie				
•		ı			

SCHEDULE D (FEC Form 3X)	(Use separate	PAGE OF
DEBTS AND OBLIGATIONS	schedule(s)	FOR LINE NUMBER:
Excluding Loans	for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)		10
Capitalist PAC		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of	Debt (Purpose):
Mailine Address		
Mailing Address		
City State Zip Code		
Outstanding Relance Reginning This Pariod		
Outstanding Balance Beginning This Period		•
	•	
Amount Incurred This Period Payment This Period	Outstand	ling Balance at Close of This Period
		name of the second seco
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of	Debt (Purpose):
Mailing Address		
City State Zip Code		
Outstanding Balance Beginning This Period		
	•	
	•	
Amount Incurred This Period Payment This Period	Outstand	ling Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of	Debt (Purpose):
		·
Mailing Address		
Manning Address		
City State Zip Code		
Outstanding Balance Beginning This Period		·
Amount Incurred This Period Payment This Period		ling Balance at Close of This Period
Consideration of Decades and D		
	- A	
1) SUBTOTALS This Period This Page (optional)	>	
2) TOTALS This Period (last page this line number only)	>	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	>	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page or	nlv):▶	

SCHEDULE E (FEC Form 3X)	<u> </u>
TEMIZED INDEPENDENT EXPENDITURES	PAGE OF FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Capitalist PAC	060547187
Check if 24-hour report 48-hour report New report Amends report filed on	
Full Name of Payee D.	Pate of Public Distribution/Dissemination
Mailing Address	mount
Durana of Europaitum	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	/ 000 / 2222
Name of Federal Candidate Support Office So	ought: House District:
Oppose Pro	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought Disburse	ement For: ☐ Primary ☐ General ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	THE PROPERTY OF THE PARTY OF TH
Mailing Address	
A	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	Man , Load , Travary
Name of Federal Candidate Support Office S	<u> </u>
Oppose Pr	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought	ement For:
728	
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	77
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, o party committee) any political party committee or its agent.	
Signature Date O.3	0.1/2014

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE (2 U.S.C. §441a(d))

ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE 2 U.S.C. §441a(d)) FOR UNE 25 OF FO			
2	ral Election) FOR LINE 25 OF FORM 3X		
NΑ	ME OF COMMITTEE (In Full) Capital 18+		
	s your committee been designated to make Full Name of Subordinate Committee ordinated expenditures by a political party committee? YES NO		
lf `	/ES, name the designating committee: Mailing Address		
	City	State ZIP Code	
٠	Full Name (Last, First, Middle Initial) of Each Payee Mailing Address	Purpose of Expenditure Category/ Type	
•		Date	
	City State Zip Code		
	Name of Federal Candidate Supported Office Sought: House State: District: Presidential	Amount	
	Aggregate General Election Expenditure for this Candidate		
	Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure Category/	
	Mailing Address	Date	
•	City State Zip Code Name of Federal Candidate Supported Office Sought: House State:	Mand / Durb / Yavarav	
-	Senate District:	Amount	
	Aggregate General Election Expenditure for this Candidate:		
	Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure Category/	
•	Mailing Address	Type Date	
	City State Zip Code Name of Federal Candidate Supported Leffice Squakt: House State:		
	Name of Federal Candidate Supported Office Sought: House State:	Amount	
_	Expenditure for this Candidate :		
S	UBTOTAL of Expenditures This Page (optional)		
T	OTAL This Period (last page this line number only)		

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)
Capitalist PAC
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
B. Separate Segregated Funds and Nonconnected Committees
Flat Minimum Federal Percentage
If the committee will allocate using the flat minimum percentage of 50% federal funds, check or
If the committee is spending more than 50% federal funds, indicate ratio below
Federal
Nonfederal
This ratio applies to (check all that apply):
Administrative Generic Voter Drive Public Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS		PAGE OF		
NAME OF COMMITTEE (In Full) Capitalist PAC				
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT			
Methods of allocation:				
 FUNDRAISING activities are allocated using the "funds received mether expenses must equal the federal proportion of monies raised. 	nod" where the federal pro	portion of		
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommon where the federal proportion of disbursements is based on the benefit tivity. For PACs Only: Direct candidate support includes public common federal and nonfederal candidates, regardless of whether there is a reallocated using a time/space method.	it derived by federal candi- nunications or voter drives	dates from the ac- that refer to both		
activity or event identifier Language	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	C.S.%	ZC%		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%		
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support	FEDERAL %	NONFEDERAL %		
CHECK IF THE RATIO IS: New Revised Same as Previously Reported				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	%	%		
New Revised Same as Previously Reported				

SCHEDULE H3 (FEC Form 3X)

	ANSFERS FROM NONFEDERAL ACCOUNTS FOR LOCATED FEDERAL / NONFEDERAL ACTIVITY	PAGE OF
		FOR LINE 18a OF FORM 3X
	ME OF COMMITTEE (In Full) Capitalist PAC	
	NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
F	BREAKDOWN OF TRANSFER RECEIVED	
١	i) Total Administrative	
	ii) Generic Voter Drive	
	iii) Exempt Activities	
	iv) Direct Fundraising (List Activity or Event Identifier)	
	a)	
	b)	
	The second secon	
-	c) Total Amount Transferred For Direct Fundraising	maniferense fram (1) der en framen fram de mei finnen fram fram fram de mei finnen fram de mei finnen fram de m
-	b)	
	c) Total Amount Transferred For Direct Candidate Support	
	vi) Public Communications Referring Only to Party (Made by PAC)	· · · · · · · · · · · · · · · · · · ·
	TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED	·
TC	DTAL This Period (Administrative)	
TC	OTAL This Period (Generic Voter Drive)	,O
TC	OTAL This Period (Exempt Activities)	
TC	OTAL This Period (Direct Fundraising)	
τc	OTAL This Period (Direct Candidate Support)	
TC	OTAL This Period (Public Communications Referring Only to Party)	
	TAL This Decird (Total Assumt Transferred)	

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	C	F		
FOR LINE	21a	OF	FORM	3X

NA	IME OF COMMITTEE (In Full)	T/	AC		
Ā.	Full Name (Last, First, Middle Initial)	<u>_</u>			Allocated Activity or Event:
۸.	·.				Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	·				
	Activity or Event Identifier:		·	Category/ Type	Date / Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
_					
В.	Full Name (Last, First, Middle Initial)		,		Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
					Voter Drive Direct Candidate Support
	City	State	Zip Code		Public-Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:				
				Category/ Type	Date Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
C.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	<u> </u>			Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:		ř	Category/	
				Туре	Date
	FEDERAL SHARE	+	NONFEDERAL		= TOTAL AMOUNT
SI	JBTOTAL of Allocated Federal and NonFedera	I Activity Thi	s Page NONFEDERAL	CHADE	- TOTAL AMOUNT
	TEDERAL STATE		NON EDERAL		= TOTAL AMOUNT
TC	OTAL This Period (last page for each line only)	(Federal sha			
	· FEDERAL SHARE	SA F	NONFEDERAL		TOTAL AMOUNT
)			

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

to be used by State, District and Local Party Committee	FOR LINE 18b OF FORM 3X
NAME OF COMMITTEE (In Full)	
Capitalist YA	
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
HVW / DID	
Control backers	
BREAKDOWN OF THIS TRANSFER	
i) Voter Registration	VOTER REGISTRATION
Total Amount Transferred for Voter Registration	
Total / Mount / Marioto Total / Total	VOTER ID
il) Voter ID	VOICE ID
Total Amount Transferred for Voter ID	
	GOTV
iii) GOTV Total Amount Transferred for GOTV	de sant la sent la sen
Total Amount Haristenesson GOTV	the second secon
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity	Marine Description Comment of the continues of the contin
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
The state of the s	
BREAKDOWN OF THIS TRANSFER	
	VOTEB_REGISTRATION
i) Voter Registration	The state of the s
Total Amount Transferred for Voter Registration	
ii) Voter ID	VOTER ID
Total Amount Transferred for Voter ID	
	GOTV
iii) GOTV	the safety of th
Total Amount Transferred for GOTV	
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity	
	Managara Danas Dan
TOTALS FOR BREAKDOWN OF TRANS	SFER RECEIVED (Last Page Only)
TOTAL This Devied (Veter Desistration)	A Company of the Comp
TOTAL This Period (Voter Registration)	
TOTAL This Period (Voter ID)	
TOTAL This Period (GOTV)	
	The state of the s
TOTAL This Period (Generic Campaign Activity)	
	Committee of the second control of the secon
TOTAL This Period (Total Amount of Transfers Received)	
	the second the second s

PAGE

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

PAGE OF

To be used by State, District and Local Party Committees Only)	FOR LINE 30a OF FORM 3X
NAME OF COMMITTEE (In Full)	
Capitallo1	
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	
Purpose of Disbursement Category/	Date
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
	Allocated Activity or Event Year-To-Date
Mailing Address City State Zip-Eode	Constitution of Development Constitution of Co
Purpose of Disbursement Category/	HTW / DUD / VIVIO
Туре	Date
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	
Purpose of Disbursement Category/	Date Date
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
SUBTOTAL of Shared Federal and Levin Activity This Page	
FEDERAL SHARE + LEVIN SHARE TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to	
FEDERAL SHARE	TOTAL AMOUNT
TOTAL This Period for the Levin Share	

SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

NAM	E OF COMMITTEE (In Full)	PAC	
NAMI	E OF ACCOUNT		
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)		
	(b) Unitemized		
	(c) Total		
2.	OTHER RECEIPTS		<u>O</u>
3.	TOTAL RECEIPTS(Add Lines 1c and 2)		
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration	0	O
٠	(b) Voter ID		
	(c) GOTV		
	(d) Generic Campaign		
5.	(e) Total	V V	
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	0	
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)		D
8.	RECEIPTS(from Line 3)		
9.	SUBTOTAL		
10.	DISBURSEMENTS(From Line 6)		0
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		
			·

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SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBER: 1a 2
e sold or used by any person for the purpose of soliciting contributions of any political committee to solicit contributions from such committee.

Any information copied from such Reports and State or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)		PAC	
Full Name (Last, First, Middle Initial) / Full Orga A. Mailing Address			Date of Receipt
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Busine	ess		Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) / Full Org.	anization Name		Date of Receipt
Mailing Address City	State	.Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Busine	988		Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) / Full Org	anization Name		Date of Becefpt
Mailing Address			Amount of Each Receipt this Period
Name of Employer or Principal Place of Busine	State	Zip Code	
Occupation			Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) / Full Org D. Mailing Address	anization Name		Date of Receipt
Mailing Address City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Busine	988		Aggregate Year-to-Date
5555E			
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		· · · · · · · · · · · · · · · · · · ·	

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SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

State

State

State

NAME OF COMMITTEE (In Full)

Mailing Address

Mailing Address

Mailing Address

Mailing Address

Mailing Address

Purpose of Disbursement

City

City

City

City

City

B.

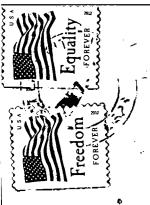
C.

D.

E.

OF FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) for each category of the | | 5 4c 4a Aggregation Page 4b 4d Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Full Name (Last, First, Middle Initial) / Full Organization Name Date of Disbursement Zip Code Amount of Each Disbursement this Period Full Name (Last, First, Middle Initial) / Full Organization Name Date of Disbursement Zip Code Amount of Each Disbursement this Period Full Name (Last, First, Middle Initial) / Full Organization Name Date of Disbursement Zip Code Amount of Each Disbursement this Period Full Name (Last, First, Middle Initial) / Full Organization Name Date of Disbursement Zip Code Amount of Each Disbursement this Period Full Name (Last, First, Middle Initial) / Full Organization Name Date of Disbursement Zip Code Amount of Each Disbursement this Period

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No Postmark			
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Next Business	s Day Delivery		
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Received from Senate Public Records Office	Date of Receipt		
Received from Electronic Filing Office	Date of Receipt		
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